

AUG 29 2003

K030441

9 510(k) Summary

Submitted By:

Brenda Davis
Regulatory Affairs
COOK OB/GYN™
1100 West Morgan Street
Spencer, Indiana, 47460.
812-829-6500

January 31, 2001

Names of Device:

Trade Name:	Sydney IVF™ Blastocyst Freeze/Thaw Kits
Common/Usual Name:	Freeze/thaw kits
Classification Name:	Reproductive media and supplements 21 CFR '884.6180 (87MQL); Class II

Predicate Device:

63 FR 48428, September 10, 1998

Device Description:

Sydney IVF™ Blastocyst Freeze/Thaw Kits are aqueous solutions provided in glass vials with silicone rubber stoppers. The Sydney IVF™ Blastocyst Freezing Kit Buffers will be available in 20 mL fill volumes, the Sydney IVF™ Blastocyst Thaw Kit Buffers will be available in 20 mL fill volumes.

Intended Use:

The Sydney IVF™ Blastocyst Cryopreservation Kit is intended for use in assisted reproduction technologies for cryopreservation of blastocysts. The Sydney IVF™ Blastocyst Thawing Kit is intended for use in assisted reproduction technologies for thawing of cryopreserved blastocysts.

Substantial Equivalence:

The Sydney IVF™ Blastocyst Freeze/Thaw Kits are comparable with respect to intended use to the published predicate device description and meet the requirements for 510(k) substantial equivalence.

Discussion of Tests and Test Results:

The Sydney IVF™ Blastocyst Freeze/Thaw Kits were subjected to testing to assure satisfactory operating performance. The Sydney IVF™ Blastocyst Freeze/Thaw Kits passed the requirements of all tests.

Conclusions Drawn from Tests:

This device is similar, with respect to intended use and technological characteristics, to the FDA published predicate device description.



Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

AUG 29 2003

Ms. Brenda Davis
Regulatory Affairs Technical Writer
Cook Ob/Gyn
1100 W. Morgan Street
SPENCER IN 47460

Re: K030441

Trade/Device Name: Sydney IVF™ Blastocyst
Cryopreservation Kit and Sydney IVF™
Blastocyst Thaw Kit
Regulation Number: 21 CFR 884.6180
Regulation Name: Reproductive media and supplements
Regulatory Class: II
Product Code: 85 MQL
Dated: August 14, 2003
Received: August 15, 2003

Dear Ms. Davis:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (sections 531-542 of the Act); 21 CFR 1000-1050.

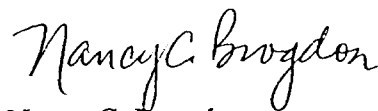
This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at one of the following numbers, based on the regulation number at the top of the letter:

8xx.1xxx	(301) 594-4591
876.2xxx, 3xxx, 4xxx, 5xxx	(301) 594-4616
884.2xxx, 3xxx, 4xxx, 5xxx, 6xxx	(301) 594-4616
892.2xxx, 3xxx, 4xxx, 5xxx	(301) 594-4654
Other	(301) 594-4692

Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97) you may obtain. Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>.

Sincerely yours,



Nancy C. Brogdon
Director, Division of Reproductive,
Abdominal and Radiological Devices
Office of Device Evaluation
Center for Devices and Radiological Health

Enclosure

510(k) Number (if known): K030441

Device Name: Sydney IVF™ Blastocyst Cryopreservation Kit

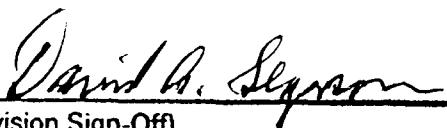
Indications For Use: Sydney IVF™ Blastocyst Cryopreservation Kit is intended for use in assisted reproduction technologies for cryopreservation of blastocysts.

Device Name: Sydney IVF™ Blastocyst Thawing Kit

Indications For Use: Sydney IVF™ Blastocyst Thawing Kit is intended for use in assisted reproduction technologies for thawing of cryopreserved blastocysts.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)


(Division Sign-Off)
Division of Reproductive, Abdominal,
and Radiological Devices
510(k) Number K030441

Prescription Use ☒
(Per 21 CFR 801.109)

OR

Over-The-Counter Use
(Optional Format 1-2-96)